10/534910

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

2LL-31245

| CLAIMS AS FILED - PART I  |  |   |   |                                    |                     |                                       |       | SMALL ENTITY TYPE   |                        |        | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---|------------------------------------|---------------------|---------------------------------------|-------|---------------------|------------------------|--------|----------------------------|------------------------|
| ILS MATIONAL STAGE FEED   |  |   | (Colur                                      | (Column 1)                         |                     | (Column 2)                            |       |                     | <del></del>            | ם<br>ה |                            |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                                    | <u> </u>            |                                       |       | RATE                | FEE                    | _      | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL EN                                    | T. = \$ 150                        | LARGE ENT. = \$ 300 |                                       |       | BASIC FEE           |                        | OR     | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT                               |                                    |                     | other situations =<br>\$ 100 / \$ 200 |       | EXAM. FEE           |                        | 1      | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA =<br>ALL other co<br>\$ 200 / 3 | ountries =                         |                     | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          |                        |        | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | 50 mir                                      | nus 100 =                          |                     | / 50 =                                |       | X \$ 125 =          |                        | 1      | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   |   | inus 20 =                          | · Ż                 | 50                                    |       | X \$ 25 =           |                        | OR     | X \$ 50 =                  | 1500                   |
| INDEPENDENT CLAIMS  |  |   | 3 r   | ninus 3 =                          | •                   |                                       |       | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
| MU  | LTIPLE DEPEN                                   | NDENT CLAIM PR                            | RESENT                                      |                                    |                     |                                       |       | + \$ 180 =          |                        | OR     | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                    |                     | •                                     | TOTAL |                     | OR                     | TOTAL  | 2410                       |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |  |   |   |                                    |                     |                                       |       | SMALL ENTITY        |                        |        | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | PREVIO<br>PAID F                   | BER<br>USLY         | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  |   | Minus                                       | **                                 |                     | =                                     |       | X \$ 25 =           |                        | OR     | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus                                       | ***                                |                     | =                                     |       | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
| . !   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |                     |                                       |       | + \$ 180 =          |                        | OR     | + \$ 360 =                 |                        |
|   |  |   |   |                                    |                     |                                       |       | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |   | (Colum                             | n 2)                | (Column 3)                            |       |                     |                        |        | , ,                        |                        |
| AENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY          | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Î<br>M<br>M   | Total  | •   | Minus                                       | **                                 |                     | =                                     |       | X \$ 25 =           |                        | OR     | X \$ 50 =                  |                        |
| AMENDN  | Independent                                    | •   | Minus                                       | ***                                |                     | =                                     |       | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |                     |                                       |       | + \$ 180 =          |                        | or     | + \$ 360 =                 |                        |
|   |  |   |   |                                    |                     |                                       |       | OTAL ADDIT.<br>FEE  |                        | OR     | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                    |                     |                                       |       |                     |                        |        |                            |                        |